

## **Tennis Camps at Shevans Park**

Philosophy: The camp will offer an exciting tennis experience with an emphasis on fun, skill development, tactics and competition. Concentration will be placed on establishing basic skills through staff demonstration and instruction. The camp will emphasize technique tactics in an intense training environment. The camp will be divided to age and skill level, so the content of the camp as well as the intensity will be structured to meet the varying needs of the different participants.

Camp Staff: Randy Bailey - USPTR Certified Tennis Professional and Junior Nationally ranked players

sunscreen and a		mfortable clothing, tennis shoes and	bring a tennis racquet, water,	
When:	June 26 – 27	July 1 – 4	July 8– 11	
	July 22 – July 25	August 5 – 8	August 12 – 15	
Time / Ages:	9:00am – 9:45am	Ages 5 – 9 year olds	\$50.00 or \$15.00 per day	
	9:00am – 11:00am	Ages 10 – 18 year olds	\$110.00 or \$30.00 per day	
	12:00 – 1:30pm	Advanced Academy Match Play	\$80.00 or \$22.00 per day	
Please make checks payable to: Randy Bailey		Send to: 706 Arendell St. Morel	Send to: 706 Arendell St. Morehead City, NC 28557	
4267 or email <u>ra</u>		252-726-5083 or <a href="mailto:jriggs@bizec.rr.com">jriggs@bizec.rr.com</a> egistration will be accepted at the More.		
Player Registration				
Player's Name:		Age: DOB:	Gender:	
Address:		Phone #:		
City/State/Zip:		Email:		
Release of Liability and Indemnity Agreement  I do hereby and forever discharge, and will save harmless from and indemnify, Morehead City, its elected and appointed officials, the Morehead City Parks and Recreation Department, and all the staff, participants, instructors, and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands for or by reason of any damage, loss or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this program.  I hereby acknowledge and admit that the Morehead City Parks and Recreation Department shall not be required to carry any insurance protection for the participants and thereby do agree to provide individual insurance coverage for myself and child.  I have read and understand this Release of Liability, and acknowledge that I have had time and opportunity to do so as well as to consult with anyone of my choice.  Permission is hereby granted for my child				
Parent/Guard	ian Name (print) Pa	arent/Guardian Signature	Date	